

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. <div style="border: 1px solid black; padding: 2px;">09/270,733</div>	FILING DATE				
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.	IND.	DEP.
1	✓						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	✓						61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21	✓						71				
22							72				
23							73				
24							74				
25							75				
26							76				
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29							79				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	47						TOTAL DEP.				
TOTAL CLAIMS	50						TOTAL CLAIMS				